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(Requesto	r's Name)
(Address)	
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PICK-UP	WAIT MAIL
(Business	Entity Name)
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Certified Copies	Certificates of Status
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2022 OCT 11 AM 11: 56
SECRETARY OF STATE
TALLAHAS SEE STATE

COVER LETTER

TO: Registration Division of	of Corporations	
Pino Pino	Contracting and Procurment Solutions, LLC	
SUBJECT:	(Name of Limited Liability Cor	npany)
The enclosed mer	nber, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all c	orrespondence concerning this matter to:	
Raul Pino		
	(Contact Person)	_
Pino Contractung and	Procurment Solutions, LLC	
	(Firm/Company)	2022 SE1
2520 SW 22 Terrace	S uite 2-83	AREI OCT
	(Address)	
Miami, Florida 3314	5-3420	2022 OCT 11 MY 11: 56 SECRETARY OF STATE TALLAHASSEE, FL
	(City/State and Zip Code)	- 57 FL
For further inform	nation concerning this matter, please call:	m O,
Raul Pino	305 at (298-2818
(Name o		& Daytime Telephone Number)
Enclosed please f XI \$25 Filing Fee	ind a check made payable to the Florida I ☐ \$55 Filing	Department of State for: g Fee & Certified Copy
Division of P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

CR2E079 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pino Contracting	and Procurment Solutions, LLC		
	Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	<u>ords.</u>)
The Articles of Organization for Florida document number L220	r this Limited Liability Company	were filed on August 1, 2022	and assigned
This amendment is submitted t	o amend the following:		
A. If amending name, enter	the new name of the limited liab	ility company here:	
The new name must be distinguishab	e and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices a	ddress, if applicable:	Raul A. Pino	
(Principal office address MUS	T BE A STREET ADDRESS)	2546 SW 13 Street	<u></u>
		Miami, FL 33145	35 27
Enter new mailing address, it	 	2520 SW 22 Terrace	PE AN
(Mailing address MAY BE A		Suite 2-83	54 , 11
	05.5.5.5.5.5	Miami, Florida 33145-3420	Min E
B. If amending the registered agent and/or the new register		address on our records, <u>ent</u>	er the name of the new registere
Name of New Regist	ered Agent:		
New Registered Office	re Address:		
New Registered Office	- Tradiciso.	Enter Florida street ada	iress
			Florida
		Ciry	Zip Code
	ure, if changing Registered Agent:		
provisions of all statutes rela accept the obligations of my	tive to the proper and complete position as registered agent as change in the registered office	performance of my duties, provided for in Chapter 60	5, F.S. Or, if this document is
	If Cha	nging Registered Agent, Signatur	re of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	Gyselle M. Pino	2546 SW 13 Street, Miami, FL 33145	□Add
			≡ Remove
MGR.	Raul A. Pino	2520 SW 22 Terrace, Suite 2-83, Miam, FLm 33	145 ■Add
			⊡Remove
		·	□Change
			□ Add SECRE
			2022 Gemoves
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n effec ote: If	f the date inserted in th	August 25, 2022 If the date of filing:	to 605.020 be listed a
ecord is file		receive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
	eptember 13	2022	
ited _		·	
		Signature of a member or authorized representative of a member	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

2022 OCT 11 MH AND SECRETARY OF TALLAHASSE

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

l	
1. The name of the lin	nited liability company as it appears on the records of the Florida Department
of State is: Pino Con	tracting and Procurment Solutions. LLC
2. The Florida docum- L22000336583	ent/registration number assigned to this limited liability company is:
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is:
(Print Nam	e of Person Resigning)
Title Manager	
(Pr	int Title)
of this limited liabili resignation in writer	ity company and affirm the limited liability company has been notified of my ng.
Signature of Disso	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
3. The date this members 4. I, Gyselle Pino 4. I, Print Name Title Manager Of this limited liability resignation in writer Signature of Dissortion Filing Fee:	Deer/manager withdrew/resigned or will withdraw/resign is:

CR2E079 (2/14)